1. County of Add District of BUREAU OF VITAL STATISTICS  District of District of District of ORIGINAL CERTIFICATE OF BIRTH  County Registrar No. 19  Local Registrar No. 19  County Registrar No. 19  Local Registrar No. 19  Local Registrar No. 19  Local Registrar No. 19  Local Registrar No. 19  If child is not yet named, make supplemental report, as directed in event of plural births. 10  Sex of Child To be answered ONLY 14. Twin, triplet or other. 6. Legitimate? 7. Date of birth Month Day Year  8. FATHER  FATHER  Full name Decundancy Placias  If nonresident, give place of abode) 11  If nonresident, give place and state Aug 11  If nonresident, give place and state Musical Usual place of abode) 11  If nonresident, give place and state Musical 19  Color or race (Usual place of abode) 11  If nonresident, give place and state Musical 19  Local Registrar No. 19
Town of Milianus  ORIGINAL CERTIFICATE OF BIRTH  County Registrar No. 13 (15 birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child Council Mariana  3. Sex of Child To be answered ONLY of the council of t
BUREAU OF VITAL STATISTICS  ORIGINAL CERTIFICATE OF BIRTH  County Registrar No.  Local Registrar No.  St. Ward  Local Registrar No.  Out to Registrar No.  Local Registrar No.  St. Ward  No.  (It birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report, as directed.  In event of plural births.  St. Ward  If child is not yet named, make supplemental report, as directed.  In event of plural births.  St. Ward  On Child To be answered ONLY in event of plural births.  St. Ward  If child is not yet named, make supplemental report, as directed.  In event of plural births.  St. Ward  On Child To be answered ONLY in event of plural births.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental report, as directed.  If child is not yet named, make supplemental repo
City of
2. Full name of child   Consider   Consider
2. Full name of child
Male   in event of plural   4. Twin, triplet or other
Male births,   5. No., in order of birth   7. Date of birth   Month   Day   Year    8. FATHER   14.   MOTHER Same on Ambubased    Full name Decumber   Mother Same on Ambubased   Fall maiden name   Mensel Uda Mascas    9. Residence (Usual place of abode)   Missidence (Usual place of abode)   Missidence (Usual place of abode)   If nonresident, give place and state   Missidence   If nonresident, give place and state   Missidence    10. Color or race   16. Color or race   16. Color or race   17. Age at last birth   28
Full name Securiting Masias  7. Residence (Usual place of abode)  16. Residence (Usual place and state  17. Age at last birthday R. (Years)  18. MOTHER Sauce of Muscar Alueband  Full maiden name Meusel and Masias  Full maiden name Meusel and Masias  Full maiden name Meusel and Masias  (Usual place of abode)  If nonresident, give place and state Mexicon  16. Color or race  MUXCLON  11. Age at last birthday R. (Years)  MOTHER Sauce of Muscar  (Usual place of abode)  Full maiden name Meusel and Masias  (Usual place of abode)  If nonresident, give place and state Mexicon  16. Color or race
Full name Germaine Masias  Full maiden name Mensel and Masias  [5. Residence (Usual place of abode)  If nonresident, give place and state and state and state Mensel  October or race  MOTHER Samue on Remained  Full maiden name Mensel and Masias  (Usual place of abode)  If nonresident, give place and state Mensel  16. Color or race  MOTHER Samue on Remained  Full maiden name Mensel  (Usual place of abode)  If nonresident, give place and state Mensel  17. Age at lest birth 28
15. Residence (Usual place of abode)  If nonresident, give place and state  Our or race  Mexicon  11. Age at last birthday 29 (Years)  15. Residence (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)  If nonresident, give place and state  (Usual place of abode)
15. Residence (Usual place of abode)  If nonresident, give place and state  Our or race  Mexicon  11. Age at last birthday. 9 (Years)  15. Residence (Usual place of abode)  If nonresident, give place and state Mexicon  16. Color or race  17. Age at last birthday. 29
If nonresident, give place and state  Our or race  Mexicon   11. Age at last birthday 29 (Years)   16. Color or race   17. Age at last birthday 28
10. Color or race    11. Age at last birthday 29 (Years)   12. Age at last birthday 28
Mexicon 11. Age at last birthday & (Years) Hexicon 17. Age at last birth 28
12. Birthplace (city or place)
12. Birthplace (city or place)
Birthnings (gitte on what
13. Occupation (State of country) Mexico
Nature of industry Macue  Nature of industry  Nature of industry
20. Number of children of this of
(Taken as of time of birth of ability and now living
certified and including this child.) (c) Stillborn production thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
When there was - at
etc., should make this return A stillers Signature
(Physician or midwife)
ven name added from
Supplemental report Month, day, year. Filed Month, day, year.
Filed Local Registrar.
Registrar. 19. County Registrar.
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